

Illinois Department on Aging  
Solutions Event:

Older American Act Authorization

Topic: Health & Long Term Living

Submitted by

William L. Kempiners, Executive Director  
Illinois Health Care Association

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Good Morning. My name is Bill Kempiners and I am the Executive Director of the Illinois Health Care Association (IHCA). IHCA is a trade association that leads in advocacy and education for its members to deliver, with integrity, responsive health care, residential and other related services.

IHCA is the American Health Care Association affiliate in Illinois. In addition to representing skilled and intermediate nursing facilities and facilities licensed under the Assisted Living and Shared Housing Act, we also represent ICF/MR facilities, Community Integrated Living Arrangements or CILAs and skilled pediatric facilities. In fact, IHCA represents the largest number of residential settings for individuals with developmental disabilities in the State.

We appreciate the opportunity to participate today and want to thank the Illinois Department on Aging for their insight and leadership in hosting this event and the Illinois Association of Area Agencies on Aging for their co-sponsorship.

My testimony today will focus on the topic Health and Long-Term Living. I will offer some recommendations based upon two very important activities in which we have been involved over the past year.

The first is our participation in the process of passing SB 2880 which created the Older Adult Services Act. IHCA partnered with AARP, Life Services Network, and the Alzheimer's Association as one of the principle drafters of the legislation. Ultimately more than forty organizations were involved in the process. The purpose of this legislation is to ensure that all seniors in Illinois, regardless of geographic location, have access to a basic set of services.

The second event was a 2005 White House Conference on Aging Mini-Conference on Long Term Care held the past April in Washington, DC. More than 125 long-term care stakeholders attended the Conference from the public and private sectors. The American Health Care Association was one of the participating organizations and Mike Bibb, IHCA's First Vice President for Special Populations, was one of the featured presenters.

Consensus among Conference participants was that a true crisis exists regarding the state of elder care. There was a call for the White House and Congress to immediately address these issues with the same commitment and energy devoted to other national crises. There was

also consensus that without strong leadership in developing long-term care policy, the needs of this nation's rapidly growing aging population will, undoubtedly, not be met.

IHCA's participation in these activities has provided a number of learning opportunities. Our work on the implementation of SB 2880 has demonstrated just how disjointed service delivery is and how inconsistently programs are funded throughout the state. Our participation in the Mini-Conference on Long-Term Care reinforced the belief that the challenges we face in revamping the system of senior services are not unique to Illinois.

In Illinois we have taken a giant step forward by passing the Older Adult Services Act. If we continue forward with the same resolve we have today, Illinois may well develop a model that can be used by other states as national policy develops.

In order to work toward a national policy, we must take into account the following important elements:

First, we must move to a broader definition of long-term care. This term should not just be associated with nursing homes but expanded to include the whole array of services allowing seniors to continue to live healthy, socially productive lives.

Second, in order to sustain the level of funding needed for the entire long-term care system, we must consider both public and private financing. That means the system cannot be funded from State and Federal funds alone but must include long-term care insurance and other private market sources.

Third, there is a severe lack of coordination between and among programs. In Illinois, for example, we have programs for seniors funded through several agencies making it difficult at times for seniors to find what they need. We need to create a more seamless system.

Fourth, it will take a well-organized educational program to inform seniors about available programs. We should expand the target for this education so that younger citizens learn about programs early and are provided incentives for purchasing long-term care insurance early.

Finally, as we move away from what some have called an "institutional bias" in Illinois and nationally, we must not ignore the important role played by these facilities. They care for the frailest of the frail elderly,

a level of care that cannot be provided economically in another setting. Communities rely heavily on these facilities, as residents require the services provided and these facilities are often the largest employer in a rural community.

An exciting prospect of retooling the system in Illinois is the idea of converting long-term care facilities for other senior services. In communities where adult day programs are limited, a portion of an existing facility could be utilized. The same is true in a community that lacks a community center for seniors.

One of the most exciting suggestions involves the facility providing support to individuals caring for the elderly at home. For example, a daughter caring for her bedfast mother may need advice on how to change bed sheets. As the facility has staff available 24-hours a day, telephone assistance would be available on a number of things related to activities of daily living. This community interaction would also help to eliminate the hesitance to deal with long-term care facilities. With this type of community partnership, the possibilities are endless.

I appreciate the opportunity to speak with you today and to share some thoughts about where we need to go related to the broad long-term care agenda. It took many years to develop the current system, and we cannot make significant changes overnight.

We must dedicate ourselves to a system that guarantees every senior access to a basic set of services. We have to look beyond traditional State and Federal funding mechanisms. Individuals have to understand how to access the system and be provided with incentives to supplement State and Federal programs with private insurance and other sources of funding.

Again, we applaud the Illinois Department on Aging for their leadership in hosting this conference. I have copies of this testimony to submit and I would be happy to answer any questions you may have regarding my comments.